

Parent Permission Slip and Commitment Contract

By signing this permission slip, you grant your child permission to participate in interscholastic athletics at Cristo Rey Brooklyn High School. Your signature evidences that you accept liability for the participation of your child as a student-athlete at Cristo Rey Brooklyn High School and that you agree to indemnify and hold harmless Cristo Rey Brooklyn, its teachers, its coaches, its sponsors, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this sport.

Additionally, you understand that your child's participation as a student-athlete is a major and serious commitment. Your child is expected to be present for and early to all practices and games/ meets. Only in the case of an academic obligation, CWSP obligation or a family emergency will your child be excused from this expectation. Your support in seeing that your child is a committed student-athlete will make a great difference in the team's success. Details concerning times and location of practice and games will be communicated by the head coach at the start of the season and on a weekly basis. You can also access team schedules at www.cristoreybrooklyn.org/athletics.

It is recommended that student-athletes play three sports (one per season). Please indicate all sports that your child is interested in:

Fall Sports

- Boys & Girls Cross Country
- Girls Varsity Soccer
- Boys Varsity Soccer
- Girls Varsity Volleyball

Winter Sports

- Girls Varsity Basketball
- Boys Varsity Basketball
- Boys JV Basketball
- Boys & Girls Indoor Track

Spring Sports

- Varsity Baseball
- Varsity Softball
- Boys & Girls Outdoor Track
- Boxing Club

Date: ____/____/____

Student's Name: _____ Grade: _____ Workday: _____ Cell: (____)____-_____

Does your child suffer from asthma (*circle one*): Y / N

If yes, please be aware that your child is responsible for bringing his/her inhaler to every practice and game

In the space below, please indicate any medical conditions the coaching staff should be aware of:

Parent/Legal Guardian Contact(s):

Name: _____ Relationship to student: _____ Cell: (____)____-_____

Name: _____ Relationship to student: _____ Cell: (____)____-_____

Name: _____ Relationship to student: _____ Cell: (____)____-_____

I, (*parent's name*) _____, hereby give (*student's name*) _____, permission to participate as a student-athlete at Cristo Rey Brooklyn High School.

Parent/Legal Guardian's Name: _____ Parent/Legal Guardian's signature: _____